

APPLICATION FOR SHIPMENT OF HOUSEHOLD GOODS

TYPE OR PRINT THIS FORM

1. <u>Name and Address of Shipping Officer:</u> Travel Services Branch Bureau of Public Debt P.O. Box 1328 Parkersburg, WV 26106-1328 Fax Numbers: (304)-480-8480		2. Name of applicant: _____ Select one below: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Other (<i>Specify</i>): _____		Email address: _____ Phone Numbers: (H): _____ (W): _____ Fax: _____	
3. Requested pickup date: _____		Requested delivery date: _____		<input type="checkbox"/> Storage Needed?	
4 .Shipment to be made from: Street: _____ City: _____ State: _____ County: _____ Zip Code: _____ Country: _____		Shipment to be made to (city/state only if address is unknown): Street: _____ City: _____ State: _____ County: _____ Zip Code: _____ Country: _____			
5. Extra pickup: Place: _____ Street: _____ City: _____ State: _____		Extra Delivery: Place: _____ Street: _____ City: _____ State: _____			
6. Comments: 					
7. POV Shipment: Make: _____ Model: _____ Year: _____ Blue Book Value: _____		Check Below: 1. # of bedrooms 2. Living Room 3. Dining Room 4. Den 5. Basement 6. Attic: 7. Garage: 8. Shed: 9. Other:			
8. I certify that: A. Shipment will consist of household goods in my possession prior to the effective date of my authorization. B. I will notify the relocation coordinator if my authorization is modified or canceled. C. I will pay excess costs incurred as a result of this shipment (e.g. excess weight & extra insurance). D. I understand that the moving company is not to pack or pick up my goods until I have an approved authorization. Signature of applicant: _____ Date: _____					
GBL #: _____ Notes: _____					